

## SATUCI ATR Referral

**Client** \_\_\_\_\_

All of the following must be met in order to be considered for ATR. Please note that by checking off each item you are ensuring that this criteria has been met.

\_\_\_\_\_ Client has been admitted for a minimum of 30 days

\_\_\_\_\_ Client has received clean UA's.

\_\_\_\_\_ Client has attended sessions as scheduled

\_\_\_\_\_ Client is making progress on treatment goals

\_\_\_\_\_ Client meets 200% of poverty guidelines and has supportive documentation in their file

Reason for referral:

\_\_\_\_\_  
Counselor

\_\_\_\_\_ Approved

\_\_\_\_\_ not approved

\_\_\_\_\_  
Director of Professional  
Services